



28258

PATENT TRADEMARK OFFICE

Patent Attorney Docket No.: SJ-01-0032

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application or Patent of: Thomas Curran
Lakhu Keshvara

Serial or Patent No.: To be assigned Filed: or Issued: Herewith

For: CYCLIN DEPENDENT KINASE 5 PHOSPHORYLATION OF DISABLED 1
PROTEIN

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: **ST. JUDE CHILDREN'S RESEARCH HOSPITAL**

ADDRESS OF ORGANIZATION: **332 North Lauderdale Street,
Memphis, Tennessee 38105-2794**

TYPE OF ORGANIZATION

- ☐ University or other institution of higher education
- ☒ Tax exempt under Internal Revenue Service Code (26 U.S.C. §501(a) and 501 (c) (3))
- ☐ Nonprofit scientific or educational under statute of state of the United States of America
(name of state:)
(citation of statute:)
- ☐ Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. §501(a) and 501(c) (3)) if located in the United States of America
- ☐ Would qualify as nonprofit scientific or educational under statute of state of the United States of America if located in the United States of America
(name of state:)
(citation of statute:)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. §1.9(e) for purposes of paying reduced fees under Section 41(a) or (b) of Title 35, United States Code with regard to the invention entitled by inventor(s) described in

☒ the specification filed herewith and identified above.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 C.F.R. §1.28(b)).

I HEREBY DELCARE THAT ALL STATEMENTS MADE HEREIN OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL AND FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE, AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION, ANY PATENT ISSUING THEREON, OR ANY PATENT TO WHICH THIS VERIFIED STATEMENT IS DIRECTED.

Name of Person Signing:

JAMES SCOTT ELMER,
Reg. No. 36,129

Title in Organization:

Director,
Office of Technology Licensing

Address of Person Signing:

St. Jude Children's Research Hospital
332 North Lauderdale
Memphis, Tennessee 38105-2794

Signature: James Scott Elmer

Date: 02/19/2002



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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As below named inventors, we hereby declare that:

Our residence, post office address and citizenship are as stated below under our names.

We believe that we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled

"CYCLIN DEPENDENT KINASE 5 PHOSPHORYLATION OF DISABLED 1 PROTEIN"

The Specification of which

☒ is attached hereto
☐ was filed on _____
as Application Serial No. _____
and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations 1.56(a).

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from St. Jude Children's Research Hospital as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the person from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

I hereby appoint as my attorney/agent:

J. Scott Elmer, Registration No. 36,129
Shawn A. Hawkins, Registration No. P50,318

said attorney/agent with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

SHAWN A. HAWKINS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL
332 N. LAUDERDALE
MAILSTOP 277
MEMPHIS, TN 38105

Direct all telephone calls to Shawn A. Hawkins at (901) 495-2342.

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST JOINT INVENTOR: THOMAS CURRAN

COUNTRY OF CITIZENSHIP: UNITED STATES

FULL RESIDENCE AND
POST OFFICE ADDRESS: 6284 WHITMAR PLACE NORTH
MEMPHIS, TN 38120

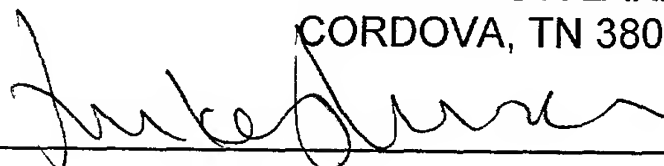
SIGNATURE OF INVENTOR 

DATE 2/18/2002

FULL NAME OF SECOND JOINT INVENTOR: LAKHU KESHVARA

COUNTRY OF CITIZENSHIP: CANADA

FULL RESIDENCE AND
POST OFFICE ADDRESS: 1425 DEXTER LAKE DR. #203
CORDOVA, TN 38016

SIGNATURE OF INVENTOR 

DATE 02/18/02